



Texas Department of Insurance

Rate and Form Review Office – Life, Health & HMO Intake Team

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Transmittal Form for Certain Miscellaneous Documents for Life/Health

COMPANY NAME

STREET ADDRESS

P.O. BOX

CITY

STATE

ZIP CODE

CONTACT PERSON NAME

ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

10-DIGIT PHONE NUMBER

10-DIGIT FAX NUMBER

E-MAIL ADDRESS

Authorization is attached, if contact person is anyone other than the submitting company—28 TAC §3.2(b)(3)(B)

1 Filing Type (check the appropriate boxes):

Group

Individual

Life Illustration

Annual Equity Index Annuity Certification

Preferred Provider Health Benefit Plan Directories

Preferred Provider Service Area or Geographic Descriptions

Annual Reports

Medicare Select Grievance Report

Medicare Refund Calculation

Medicare Rate Report

Long Term Care Rate Report

Chapter 26 Certifications:

LHL 150 Rev. 01/06 (Figure 40)

LHL 152 Rev. 12/05 (Figure 42)

LHL 153 Rev. 12/05 (Figure 43)

LHL 154 Rev. 12/05 (Figure 44)

LHL 157 Rev. 12/05 (Figure 47)

LHL 158 Rev. 12/05 (Figure 48)

LHL 159 Rev. 12/05 (Figure 49)

LHL 160 Rev. 12/05 (Figure 50)

LHL 161 Rev. 12/05 (Figure 51)

CCP Figure 2

2 If applicable, list the form numbers and approval dates of the forms with which the filing will be used and provide a general statement explaining when the documents will be used with the listed forms. Attach a separate sheet of paper, if necessary

FORM NUMBER

APPROVAL DATE(S)

PURPOSE/USE

FORM NUMBER

APPROVAL DATE(S)

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